MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09996

0002 CERTIFICATE OF DEATH Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Maryland
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Maryland.
STREET ADDRESS (If rural give location) 4105 Gallatin St.

3. NAME OF DECEASED: (Type or Print) (First) Rudolph (Middle) Spires (Last) Allen

4. DATE OF DEATH: (Month) (Day) (Year) 10-5 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-13-1884
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dept. of Agri.
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Rising Sun Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Allen
14. MOTHER'S MAIDEN NAME: Sarah D. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) MYOCARDIAL INFARCTION (POST.)	Y DAYS
ANTECEDENT CAUSE (S) DUE TO	(B) CORONARY THROMBOSIS	1 YR
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) GEN. ARTERIOSCLEROSIS	20 YRS +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1955, to Oct 5, 1955, that I last saw the deceased alive on Oct 5, 1955, and that death occurred at 8:20 P.M., from the causes and on the date stated above.
SIGNATURE Carl J. Hommon M.D. ADDRESS Riverdale Md. DATE SIGNED 10-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 8, 1955
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 7-1955
REGISTRAR'S SIGNATURE Mrs. Jas. Spencer (Deputy)
24. FUNERAL DIRECTOR AND ADDRESS W. W. Chambers Co Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09997

9991 CERTIFICATE OF DEATH

Reg. Dist. No. 2345

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. 15
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5704 Queens Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. 15
STREET ADDRESS (If rural give location) 5704 Queens Chapel Road. 1

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Lee (Last) Amoss

4. DATE OF DEATH: (Month) (Day) (Year) October 10, 1955.

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Dec 30, 1894 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Branch manager | 10B. KIND OF BUSINESS OR INDUSTRY: Pittsburg Glass Company | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harry L. Amoss

14. MOTHER'S MAIDEN NAME: Mary K. Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary V. Amoss Hyattsville, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Heart Disease — 1 year

DUE TO (C) Generalized Arteriosclerosis — 8 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thrombosis of Abdominal Aorta and Both Legs (Left Pulmonary) — 7 years

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 - 14, 1949, to 10 / 10., 1955; that I last saw the deceased alive on 10 - 9 10:30 P.M., 1955, and that death occurred at 12:20A M, from the causes and on the date stated above.

SIGNATURE Woldo B. Meyer, M.D. ADDRESS Mt. Rainier Md. DATE SIGNED 10-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 12, 1955 | NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR Oct. 11 1955 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR F. Gasch's Sons | ADDRESS Hyattsville, Maryland.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09998

10003 CERTIFICATE OF DEATH Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
LENGTH OF STAY (in this place) 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 CHEVERLY AVE 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON 47x3
STREET ADDRESS (If rural give location) 409 VIRGINIA AVE SW V

3. NAME OF DECEASED: (Type or Print) (First) MAMMIE (Middle) A (Last) BARNES

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: June 6

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NEVER WORKED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A BARNES

14. MOTHER'S MAIDEN NAME: MARIA Flynn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 7

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HORRETTA V. BARNES 409 VIRGINIA AVE SW Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 4 week.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — 5 yr.

DUE TO (c)

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1955, to 10/9, 1955, that I last saw the deceased alive on 10/7, 1955, and that death occurred at 2:30pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) John Kehoe MD ADDRESS Cheverly Md DATE SIGNED 10/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF Oct 12, 1955 NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL LOCATION (City, town, or county) (State) BALTIMORE MD

DATE REC'D BY LOCAL REGISTRAR 10/10/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Joseph Lombardo Sons ADDRESS 1757 Penna SW

VS. A15

10047

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09999 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check the correct age is especially important. Physicians: please write the name of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dupont Heights
LENGTH OF STAY (In this place) 3 04 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4420 Dupont Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dupont Heights
STREET ADDRESS (If rural, give location) 4420 Dupont Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Frances (Last) Batten

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Married	Sept 3 1873	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	North Carolina	U. S. A.

13. FATHER'S NAME: Martin Simmons

14. MOTHER'S MAIDEN NAME: Martha Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		Mrs. Batten same addr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Acute congestive heart failure — Interval between onset and death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Royal M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-7-55		Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 7 55	Carrie Campbell	Henry S. Washington & Sons	467 N St. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10000

10004 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 9 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kentwood X
STREET ADDRESS (If rural give location) 7562 A Hawthorne Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Baxter

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 19.55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: 10-12-55 | 9. AGE last birthday — yrs. | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS. Hours 9 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ronald Ross Baxter | 14. MOTHER'S MAIDEN NAME: Patricia Ann Cashman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Birth Certificate

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 776X (A) Prematurity (Omegalatia) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Weight 1lb-6oz at birth

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1955, to 10/12, 1955, that I last saw the deceased alive on 10/12, 1955, and that death occurred at 1515 M, from the causes and on the date stated above.

SIGNATURE John Kelso M.D. ADDRESS Cheverly, Md. DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-13-55† | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 10/13/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR L. Gasch & Sons | ADDRESS Hyattsville Md

2065203240

MARYLAND STATE DEPARTMENT OF HEALTH

10048 — 2411 N. Charles Street, Baltimore — 10001

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bowie; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's. Bowie; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie X; STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mildred	Elizabeth	Bell	10.	12.	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	Col.	Widowed	5. 22. 86	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benj. Plator	****

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Raymond Bell, son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause	(a) Carcinomatosis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon	2 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.	—	—

22. I hereby certify that I attended the deceased from April, 1955, to Oct 12, 1955, that I last saw the deceased alive on Oct. 6, 1955, and that death occurred at 1.45 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James Kuetz	MD	RFD Bowie Md	10/12/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/55		Lanham, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/12/55	Mrs. Agnes M. Quigley	Robt. E. Magruder	1820 9th St., N.W. Washington, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10002

10049 **CERTIFICATE OF DEATH** Reg. Dist. No. 2H5

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cheltum
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5706-15th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Union
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisburg
STREET ADDRESS (If rural give location) 601-St. Catherine Street

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Ann (Last) Bingaman

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow | 8. DATE OF BIRTH: Sept. 17, 1885 | 9. AGE last birthday 70 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Ellcart Logan Co. Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Kline

14. MOTHER'S MAIDEN NAME: Annie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Frank Bingaman 5706-15th Pl. Cheltum, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSE (B) DUE TO Hypertension — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1954, to Oct. 13, 1955, that I last saw the deceased alive on Oct. 12, 1955, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Frank R. Shea — M. D. — ADDRESS 4100-Wisc Ave — DATE SIGNED Wash DC

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/13/55 | NAME OF CEMETERY OR CREMATORY Lewisburg Cem | LOCATION (City, town, or county) (State) Lewisburg, Pa

DATE REC'D BY LOCAL REGISTRAR 10-13-55 | REGISTRAR'S SIGNATURE Mrs. Jas. Leverd Myers | 24. FUNERAL DIRECTOR Mackey Funeral Home Inc. | ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10950

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 10003 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ogon Hill; LENGTH OF STAY (in this place): Immed; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ruby Hills

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY Columbia; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47 - 5; STREET ADDRESS (If rural, give location): 44 Forrester Place NW

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Stephen (Last) Burkett

4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan 14, 1933	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Washington DC	U.S.A.

13. FATHER'S NAME: Arnold Floyd Burkett

14. MOTHER'S MAIDEN NAME: Ruth Margaret Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1951 to 1953

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ernest Leroy Burkett, Forestville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
281X Immediate cause	(a) Hemorrhage and shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Gun shot wounds of head, chest and abdomen	
DUE TO	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY unknown	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
10 27 53 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐.

SIGNATURE Arnold H Lough M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-28-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-31-1953	Cedar Hill	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Carrie Campbell	Robert A. Mattingly	131-11th St. S.E. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10004

10005

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Pr George
CITY (If outside corporate limits, write RURAL) OR TOWN Riverdale
MARYLAND LENGTH OF STAY (in this place) 9-7-55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
STREET ADDRESS (If rural give location) 5109 Fisher Drive

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) Minerva (Last) Brown

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1955

5. SEX Fe

6. COLOR OR RACE Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH. 9-26-1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm N. Baker

14. MOTHER'S MAIDEN NAME: Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hosp. Record - Leland Mem. Hosp

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 332X	(A) Cerebral thrombosis	2 yrs
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Gen. arteriosclerosis	15 yrs ±
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Decubitus ulcer of both hips	

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1955, to 10-24, 1955, that I last saw the deceased alive on 10-24, 1955, and that death occurred at 5-22 PM. from the causes and on the date stated above.

SIGNATURE Carl J. Thomann M. D. ADDRESS Riverdale DATE SIGNED 10-24-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10/28/55 NAME OF CEMETERY OR CREMATORY Wash Nat'l LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 26 1955 REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR W W Chambers & Son ADDRESS 517-11 St S.E. Wash. D.C.

10051

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10005

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1008 - 64th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 1008 - 64th Ave.

3. NAME OF DECEASED: (First) Cecelia (Middle) Geraldine (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year) 10 - 8 - 1935
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1926.
9. AGE Last birthday: 27 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Ashton
14. MOTHER'S MAIDEN NAME: Pearl Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Luther Brown Cedar Heights, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
416X Immediate cause	(a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Rheumatic heart disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-7-35

23. BURIAL, CREMATION, REMOVAL (Specify): Interment
DATE THEREOF 10-11-35
NAME OF CEMETERY OR CREMATORY Arlington Natl
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 10/11/35
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR Evans & Matthews
ADDRESS 614-6th St. S.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10006

10052

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Hghts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights
STREET ADDRESS (If rural give location) 5911-23rd Pl. S.E.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) BROWN, SR

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 16, 1902

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Letter Carrier

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Wash., D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Brown

14. MOTHER'S MAIDEN NAME: Bensinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Alice Brown 5911-23rd Pl., Hillcrest Hghts, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1

(A) Coronary Thrombosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1930, to 7/12, 1951, that I last saw the deceased alive on 7/12, 1951, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Harry Friedentag M.D. ADDRESS 1726 Eye St. N.W. Wash. D.C. DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/22/55

NAME OF CEMETERY OR CREMATORY Wash. Natl

LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 19, 55

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR ADDRESS J. Wm. Lee Sons Co. - Wash. D. C.

This patient was under the care of Dr. Samuel Plessoff for coronary heart disease for more than 5 years. Dr. Plessoff is now out of town and will not return for 2 more weeks. This patient was found dead in bed early this A.M. by his wife - the fire rescue squad & Prince George's Police were there. I was called, as the family physician. I called & talked to Dr. Boyd, the county coroner, who authorized me to sign this certificate.

W. Friedberg, M.D.
10/19/55.

10007

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10053

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X SUITLAND
LENGTH OF STAY (in this place) 18 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SUITLAND X
STREET ADDRESS (If rural give location) 4718 SUNSET LANE

3. NAME OF DECEASED: (First) JOSEPH (Middle) CLYDE (Last) BRYANT

4. DATE OF DEATH: (Month) OCT (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: FEB 20, 1905

9. AGE last birthday 50 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENG.

10B. KIND OF BUSINESS OR INDUSTRY: PEPCO

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH BRYANT

14. MOTHER'S MAIDEN NAME: EMMA REVERE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-05-0480

17. INFORMANT & ADDRESS: BERTIE BRYANT 4714 SUNSET LANE—SUITLAND MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

IMMEDIATE CAUSE (A) Prob uremia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Metastatic Ca - kidneys & urethra DUE TO

(C) Carcinoma of large Bowel.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1955, to Oct. 2, 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE Sidney W. Lowry M.D. ADDRESS 7200 Marlboro Pike S.E. Forestville Md DATE SIGNED Oct 2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 10/5/1955 | NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY | LOCATION (City, town, or county) SUITLAND (State) MD

DATE REC'D BY LOCAL REGISTRAR Oct 3, 1955 | REGISTRAR'S SIGNATURE Carrie Campbell | 24. FUNERAL DIRECTOR J. W. Tucker & Sons | ADDRESS 300 4½ St. S.W. Wash. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10006 10008

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bladensburg 33
STREET ADDRESS (If rural, give location) 4106 - 46th Place.

3. NAME OF DECEASED: (Type or Print) (First) Kimball (Middle) Eugene (Last) Bryant
4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-6-55
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 24 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nathan N. Bryant
14. MOTHER'S MAIDEN NAME: Sadie P. Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bronchopneumonia - DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 10/31/55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 11/31/55 REGISTRAR'S SIGNATURE Lucinda A Mooney
24. FUNERAL DIRECTOR W. E. Lacy Inc ADDRESS Washington

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10009

10054 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Muirkirk
LENGTH OF STAY (in this place) 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY PGeo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Muirkirk
STREET ADDRESS (If rural give location) Conway Rd

3. NAME OF DECEASED: (First) Harry (Middle) (Last) Burley
4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH: ?
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Moulder Helper
10b. KIND OF BUSINESS OR INDUSTRY: RR
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam Burley
14. MOTHER'S MAIDEN NAME: Sarah Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: William H. Burley — Muirkirk, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Bronchopneumonia	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension Cardiovascular	15 yrs.
	(c) DUE TO Chronic Rheumatoid Arthritis	15 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26/37 to 10/13/55, that I last saw the deceased alive on 10/12 19 55, and that death occurred at 8 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) Warren MD ADDRESS Laurel DATE SIGNED 10/13/55

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 10-16-55
NAME OF CEMETERY OR CREMATORY Queens Chapel Cem.
LOCATION (City, town, or county) Muirkirk (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-13-1955
REGISTRAR'S SIGNATURE John E. Smith
24. FUNERAL DIRECTOR W. J. Washington & Sons
ADDRESS 1167 N St. N.W. Wash. D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10010

10007

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 CHEVERLY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
STREET ADDRESS (If rural give location) 3518 56th Pl.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) B. (Last) CALVERT

4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: MAR. 19, 1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSMAN

10B. KIND OF BUSINESS OR INDUSTRY: GOVT PRINTING OFFICE

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. L. CALVERT

14. MOTHER'S MAIDEN NAME: JENNIE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wm B. CALVERT JR. 3518 56th Pl. CHEVERLY, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X IMMEDIATE CAUSE

(A) Rupture of aneurysm of abdominal aorta — INTERVAL BETWEEN ONSET AND DEATH: 5 mins

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Aneurysm of abdominal aorta — 2 yrs

DUE TO (C) Arteriosclerosis — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1955, to 10/18, 1955, that I last saw the deceased alive on 10/18, 1955, and that death occurred at 3:35 PM, from the causes and on the date stated above.

SIGNATURE John Kehoe M.D. ADDRESS Cheverly, Md. DATE SIGNED 10/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 10-21-1955 | NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL | LOCATION (City, town, or county) (State) ARLINGTON, VA.

DATE RECD BY LOCAL REGISTRAR Oct. 19-55 | REGISTRAR'S SIGNATURE Carrie Campbell | 24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS 300 4½ St. N.E. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10011

10055 CERTIFICATE OF DEATH Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Chapel Oaks
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5416 Nash St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks
STREET ADDRESS (If rural give location) 5416 - Nash St.

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Blount (Last) Carr
4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feby. 10, 1903
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months 8 Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Wilmington, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Primus Bowen
14. MOTHER'S MAIDEN NAME: Martha Ann Blount
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Mary L. Green - 1105-57th Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Cancer of breast with generalized

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) metastasis

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1951., to Oct. 14..., 1955., that I last saw the deceased alive on Oct. 14, , 1955., and that death occurred at 5:47 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) J. Hulett Robinson, M.D. ADDRESS 1001 Eastern Ave. N.E. DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 10-14-55 NAME OF CEMETERY OR CREMATORY Frazier Funeral Home LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Oct. 14-55 REGISTRAR'S SIGNATURE Carrie Campbell 24. FUNERAL DIRECTOR Frazier Funeral Home ADDRESS 389 R St. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10008 Items 12,13,14 Film 187 10-17-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 10012

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 4255 Southern Ave.

3. NAME OF DECEASED: (Type or Print) (First) RAFFELE (Middle) (Last) CASTELLI

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3-18-74

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?, Unknown

14. MOTHER'S MAIDEN NAME: ?, Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

250X

IMMEDIATE CAUSE (A) Diabetes Mellitus c Gangrene

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/55, to 10/11/55, that I last saw the deceased alive on 10/11/55, and that death occurred at 12:40 M, from the causes and on the date stated above.

SIGNATURE Samuel J. Kluger M.D. ADDRESS 4a Rainier, Md DATE SIGNED Oct 11, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-13-55

NAME OF CEMETERY OR CREMATORY Washington National

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 10/11/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Mattingly Funeral Home ADDRESS 131-11th St, SE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10013

10009 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beverly
LENGTH OF STAY (in this place) 60 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hall
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) E. (Last) Chaney

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Wht | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: 11-30-84 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen W. Chaney
14. MOTHER'S MAIDEN NAME: Mary Vermillion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card & Rodney Chaney Hall, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
IMMEDIATE CAUSE (A) Massive cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr. -

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral arterio - sclerosis — ? -
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25, 1955 to 10/25, 1955, that I last saw the deceased alive on 10/25, 1955, and that death occurred at 2 P.M, from the causes and on the date stated above.
SIGNATURE James C. Dawson M.D. ADDRESS Upper Marlboro, Md. DATE SIGNED 10-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/28/55
NAME OF CEMETERY OR CREMATORY St. Barnabas Cemetery
LOCATION (City, town, or county) (State) Leland Md.

DATE REC'D BY LOCAL REGISTRAR 10/31/55
REGISTRAR'S SIGNATURE Amanda Lowney
24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10010 Item 8, Film 158 10-4-7-55 et

CERTIFICATE OF DEATH

10014

Reg. Dist. No. 23

1. PLACE OF DEATH.
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. —
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) O'Dee (Middle) OTHO (Last) Cleaver

4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 19 55

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 10/3/79 1880 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired watchman | 10B. KIND OF BUSINESS OR INDUSTRY: store | 11. BIRTHPLACE (State or foreign country): N.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Cleaver

14. MOTHER'S MAIDEN NAME? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 578-03-3456

17. INFORMANT & ADDRESS: Hospital Records. Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of Stomach

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1955 to 22 Oct 1955 that I last saw the deceased alive on Oct 22 1955, and that death occurred at 11:15 AM, from the causes and on the date stated above.

SIGNATURE Harriet M. Nattans | ADDRESS M.D. 7315 Landover Rd. Hyattsville | DATE SIGNED 10-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/24/55 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, Town or County) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 10/23/55 | REGISTRAR'S SIGNATURE Amanda D Hurley | 24. FUNERAL DIRECTOR F Gasch's Sons | ADDRESS Hyattsville, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10015

CERTIFICATE OF DEATH

Reg. Dist. No. 24-5

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4104-Luntana St-

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4104 - Luntana Street

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Estelle (Last) Conery

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 21st 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Hendley

14. MOTHER'S MAIDEN NAME: Ida E. Sauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Rose Elizabeth Hainlip-Samuels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13-, 1955, to 10-1-, 1955, that I last saw the deceased alive on 10-1-, 1955, and that death occurred at 12-30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney M.D. | 2202 Cheverly Ave - Hyattsville Md | 10-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/5/55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Arlington Nat'l Cemetery Arlington Va

DATE REC'D BY LOCAL REG. Oct 3 1955 | REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR | ADDRESS: W W Chambers Co - 5801 Cleveland ave Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10016

10011

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park 14

17 HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location): Prince Georges Hospital; STREET ADDRESS: 4915 Erie St

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) COPP

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN

10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: BARNEY COPP

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-05-2620A

17. INFORMANT & ADDRESS: HARRY G. BURD 4915 ERIE ST. COLLEGE PARK MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: Shock

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Shock Surgical — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Generalized peritonitis — 4 days

DUE TO

(C) Perforated Gastric ulcer — Six months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis Generalized — years

19A. DATE OF OPERATION: no

19B. MAJOR FINDINGS OF OPERATION: Perforated Gastric ulcer, Generalized Peritonitis

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1955, to 10-8, 1955, that I last saw the deceased alive on 10-8, 1955, and that death occurred at 8.22 A.M., from the causes and on the date stated above.

SIGNATURE: Dalton O Walker M.D. ADDRESS: Bladensburg Md DATE SIGNED: 10-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 10-11-55 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Maryland

DATE REC'D BY LOCAL REGISTRAR: 10/10/55 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W.W. Chambers Co. — ADDRESS: Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11120

10012

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1416 Downing St, NE. - Wash, DC.
STREET ADDRESS (If rural give location) 47 X 2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Crawford

4. DATE OF DEATH. (Month) 10 (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH 10-16-55

9. AGE last birthday ____ yrs. IF UNDER 1 YEAR Months ____ Days 2 IF UNDER 24 HRS. Hours ____ Min. ____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ____

10B. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Crawford (Deceased)

14. MOTHER'S MAIDEN NAME: Lucille Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mothers' Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0 IMMEDIATE CAUSE (A) Fetal Atelectasis

ANTECEDENT CAUSE (B) DUE TO Intracranial hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1955, to 10/18, 1955 that I last saw the deceased alive on 10/18, 1955, and that death occurred at 13:00 P.M., from the causes and on the date stated above.

SIGNATURE John W. Perkins ADDRESS 5301 Hamilton St. Hyattsville Md DATE SIGNED 10/18/55

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 11/17/55 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-1-55 REGISTRAR'S SIGNATURE Amanda Downing

24. FUNERAL DIRECTOR Henry D Penn ADDRESS Supt

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~10018~~ 10017

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevrly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park 14
STREET ADDRESS (If rural give location) 9207 - 48th ave.

3. NAME OF DECEASED. (Type or Print) (First) ROSE (Middle) ANNE (Last) CROCKETT

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 10-3-55
9. AGE last birthday: yrs. 6 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Charles L Crockett
14. MOTHER'S MAIDEN NAME: Elizabeth L Rooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Father Same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
IMMEDIATE CAUSE (A) Prematurity prob. 2lbs 8ozs at birth — INTERVAL BETWEEN ONSET AND DEATH: 10/3/55

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Atelectasis (pulmonary) Intracranial hemorrhage — 10/3/55

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3/55 19 , to 10/4 , 19 55 that I last saw the deceased alive on 10/9 , 1955 , and that death occurred at 8:30 P M, from the causes and on the date stated above.

SIGNATURE Thomas L. C. Lincoln M. D. ADDRESS College Park DATE SIGNED 10/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-10-55
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 10/11/55
REGISTRAR'S SIGNATURE Amanda L Rooney
24. FUNERAL DIRECTOR J. Daschi's Sons ADDRESS Hyattsville, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10018

CERTIFICATE OF DEATH

10014

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Haverl+ 38
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Co. Hosp. 77

2. USUAL RESIDENCE (HOME) OF DECEASED: Pr. Geo.
STATE ~~Washington~~ Md. COUNTY ~~DC~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Washington, DC~~ Bladensburg
STREET ADDRESS (If rural give location) 1214 - 51st Ave. SE

3. NAME OF DECEASED: (Type or Print) (First) Antonio (Middle) (Last) DaBraccio
4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12 March 1885
9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Not Known
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Florence Coppola-3028 M. St. SE Wash. DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Arteriosclerotic Cardio-Vascular — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Renal disease 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5 ,19 54, to 10/18 , 19 55, that I last saw the deceased alive on 10/18 , 19 55, and that death occurred at 6:12 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Brauman MD 6104 Central Ave, Capitol Heights Md 10/20/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 19. 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/18/55
REGISTRAR'S SIGNATURE Amanda Dorsey
24. FUNERAL DIRECTOR Rinaldi F.H. ADDRESS 816 "H" NE Wash. 2, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9993

10019 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5015-37th Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Smyrna 49x3
STREET ADDRESS (If rural, give location) 126 Belmont Ave

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Claude Nelson Davis	10 - 10 - 1955

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Aug. 4, 1882	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Merchant	Dry Goods	N. Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Silas Reese Parker Davis	Jennie Lind Durham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) DUE TO: Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	Oct 11, 1955	West View Cemetery	Atlanta, Georgia.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 11, 1955	Mrs. Jas. Devere (Deputy)	F. Gasch's Sons	Hyattsville, Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10020

STATE DEPARTMETT OF HEALTH

MARYLAND

10015

CERTIFICATE OF DEATH

Reg. Dist. No. 237

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY in this place 9 Mo. 16 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location) Box 212 La Plata - Maryland

3. NAME OF DECEASED (Type or Print): (First) Eunice (Middle) W. (Last) DEMENT

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. ~~SINGLE, MARRIED, DIVORCED,~~ WIDOWED, (Specify)

8. DATE OF BIRTH Feb. 15-1884

9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher & housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philemon Walter Ward

14. MOTHER'S MAIDEN NAME Sarah Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Daughter-Mrs. Audrey Stavin La Plata Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-sclerosis — 10 yrs.

(c) Arthritis & General deterioration — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1955, to 10-29, 1955, that I last saw the deceased alive on 10-29, 1955, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE Jesse C. Coggins (Degree or title) M.D. ADDRESS Laurel - Maryland DATE SIGNED 10-30-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 10/30/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Prince Georges (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 30-55 — REGISTRAR'S SIGNATURE M Brashears

24. FUNERAL DIRECTOR The Hewitt Funeral Home — ADDRESS Waldorf, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10021

10016

CERTIFICATE OF DEATH

Reg. Dist. No. 5-31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly.
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mitchellsville
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print): (First) Joseph. (Middle) F (Last) DeVaughn

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 12 Feb. 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Tenent

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Josephn DeVaughn

14. MOTHER'S MAIDEN NAME: Mary Tayman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Carolyn DeVaughn Mitchellville, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 IMMEDIATE CAUSE

(A) Intestinal obstruction

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinomatosis of abdomen

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-30-55

19B. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 10-6, 1955, and that death occurred at 2.40 A M, from the causes and on the date stated above.

SIGNATURE William B. Hagan M. D. ADDRESS 3303 Perry St. Mt. Rainier, Md. DATE SIGNED 10-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10/10/55

NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

LOCATION (City, town, or county) (State): Croom Maryland.

DATE REC'D BY LOCAL REGISTRAR: 10/12/55

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro, Md.

10017

10022
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural, give location) R. F. D #1.

3. NAME OF DECEASED: (First) Barbara (Middle) (Last) Diskan
4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	Oct 8 1870	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Fuchs
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Marie Curtin 5014 Huron St. College Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bilateral lobar pneumonia	
490X 816X	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street
21c. (City or town) White Plains (County) Charles (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9 - 18 - 53 1:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Passenger in auto struck in collision on the Brother -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-16-55
NAME OF CEMETERY OR CREMATORY East New Market Cemetery
LOCATION (City, town, or county) East New Market (State) Md.

DATE REC'D BY LOCAL REG. 10/13/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Sicompoline Funeral Home
ADDRESS Cambridge, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9989 Item 7, Page 5, 10-1-55 et

10024

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4906 Branchville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md
STREET ADDRESS (If rural give location) 4906 Branchville Rd

3. NAME OF DECEASED: (Type or Print) (First) VIRGIE (Middle) MELISSA (Last) DUVALL

4. DATE OF DEATH (Month) October (Day) 25, (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov 11, 1884 | 9. AGE last birthday: 70 Yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Robert H. Hughes | 14. MOTHER'S MAIDEN NAME: Alberta L. Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: William A. Duvall College Park Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial Insufficiency

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Generalized Arteriosclerosis.

DUE TO (C) Diabetes Mellitus.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1946, to 10-23, 1955 that I last saw the deceased alive on 10-23, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Hyattsville Md (Md) DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	10/28/55	Fort Lincoln Cemetery	Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/25/55	John D. Smith	J. Gasche Sons Hyattsville, Md

10018

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10025 Hdqr. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Capitol Heights
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 - 50th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glendale
STREET ADDRESS (If rural, give location) Walnut Hills

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) (Robert) (Last) Gideon Ford

4. DATE OF DEATH (Month) (Day) (Year) Oct 24 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: July 30, 1898

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Heating

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Carpenter Ford

14. MOTHER'S MAIDEN NAME: Mary Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John A. Ford, Walnut Hills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiovascular renal disease	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-28-55

NAME OF CEMETERY OR CREMATORY Soldiers Home Natl Cem.

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Oct 26-55

REGISTRAR'S SIGNATURE Carrie Canfield

24. FUNERAL DIRECTOR W. W. Chambers Co.

ADDRESS Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10019 **CERTIFICATE OF DEATH** 10026

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly; LENGTH OF STAY (in this place) 6 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, 14; STREET ADDRESS (If rural give location) 7505 Dickinson St.

3. NAME OF DECEASED: (Type or Print) (First) Rhea (Middle) Morgan (Last) Galloway

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 9-26-96

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER

10B. KIND OF BUSINESS OR INDUSTRY: PUBLIC SCHOOLS

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARCELLUS F. MORGAN

14. MOTHER'S MAIDEN NAME: MARGARET B. MURRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: MISS CLAUDINE M. MORGAN, GAITHERSBURG, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocard Infarction.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Dis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1955, to Oct 29, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 7:30 M, from the causes and on the date stated above.

SIGNATURE James L. Read M.D. ADDRESS 4500 College Ave. College Park, Md DATE SIGNED Oct. 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Nov 2/55; NAME OF CEMETERY OR CREMATORY St. Michaels Cem.; LOCATION (City, town, or county) (State) Frostburg, Md

DATE REC'D BY LOCAL REGISTRAR 10/31/55; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, Md

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10027

9997

CERTIFICATE OF DEATH

Reg. Dist. No. 765

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier; LENGTH OF STAY (In this place) 34 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3723-35th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier; STREET ADDRESS (If rural give location) 3723-35th Street

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) (Last) Garrilli

4. DATE OF DEATH: (Month) (Day) (Year) 10-28-1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb. 17, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR, Months; IF UNDER 24 HRS., Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Paris, France

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: John Sartori

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-03-9561

17. INFORMANT & ADDRESS: Louise M. Garilli 3723-35th St. Mt. Rainier Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSE (B) DUE TO (B) Diabetes Mellitus — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1955 to Oct. 28, 1955, that I last saw the deceased alive on Oct. 28, 1955, and that death occurred at 3 10/p M, from the causes and on the date stated above.

SIGNATURE Charles C. Hagerage M. D. ADDRESS Mt. Rainier, Md. DATE SIGNED Oct. 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Nov. 2/55; NAME OF CEMETERY OR CREMATORY Fort Lincoln; LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 1 1955; REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR Talley's Funeral Home, Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10056

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10028 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route#301-3 miles North of Marlboro.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 16
STREET ADDRESS (If rural, give location) 2800 Tazewell Road

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Fredrick (Last) Gauss

4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	White	married	6-14-1906	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Auctioneer	Self	Baltimore, Md	U.S.A.

13. FATHER'S NAME: Edward Gauss

14. MOTHER'S MAIDEN NAME: Anna Rodl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	217-09-8087	Same with 2 Virginia Gauss wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage and shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Crushed chest and abdomen	
DUE TO		
	(c) Fracture of skull and multiple fractures of both legs.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Route#301	Upper Marlboro P.G. Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
10 18 55 6:50A.M.		Driver of auto in a head-on collision.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural ~~causes~~ ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Bourne M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/21/55	Lorraine Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-19-55	[illegible] Deputy	Wm. J. Tickner & Sons	Balto 17, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10029

10020

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

10/15/55

1. PLACE OF DEATH.
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) D.C.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 3802 - 33rd. Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Alice (Last) Ghiorse

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: July 14, 1888
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Dr. Store Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Leather Co.
11. BIRTHPLACE (State or foreign country): Quincy Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Flaherty
14. MOTHER'S MAIDEN NAME: Hannah Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 013-10-7502
17. INFORMANT & ADDRESS: Mrs. Meredith Ghiorse 3802 - 33rd St - Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic H.D. — 10+ years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial Failure — 5 + years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27 ..., 1948., to 10-12 ..., 1955, that I last saw the deceased alive on Oct. 5, 1955., and that death occurred at 6 a. M, from the causes and on the date stated above.

SIGNATURE Paul A. Luckman M.D. ADDRESS M.D. 1835 Eye St NW DATE SIGNED 10-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 10/12/55
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Brockton, Mass.

DATE REC'D BY LOCAL REGISTRAR: 10-13-55
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR ADDRESS: Mallett Funeral Home, Inc. 3200-R. Rhode Island Ave. Mt. Rainier, Md.

10021 10030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7th Street Extended

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 600 1/2 9th Street

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Earl Eugene Gibson	10-16-1953	Male	Colored	Married	3-25-06	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	W.S.S. Comm.	Maryland	U.S.A.

13. FATHER'S NAME: Conrad Gibson
14. MOTHER'S MAIDEN NAME: Savina Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary Gantt - 600-9th St., Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Coronary occlusion
DUE TO
(c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute tracheo-bronchitis

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10-16-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 20 1953	Bezona Chapel	Anne Arundel Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct 20-53	M. Brashears	Ridgely Selby 401 Washington Laurel Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10031

10022

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 25 Riverdale
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Leland Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS # (If rural give location) Rt 1 Box 17 - Whiskey Bottom Rd ✓

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Henry (Last) Greenfield

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Widowed

8. DATE OF BIRTH: 8-3-92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR (Months / Days) IF UNDER 24 HRS. (Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Greenfield

14. MOTHER'S MAIDEN NAME: Ann Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.2 (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 8 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1 19 55 to 10/2 19 55, that I last saw the deceased alive on 10/2 19 55, and that death occurred at 5:40 P M, from the causes and on the date stated above.

SIGNATURE Robert A McGuire M.D. ADDRESS 462 Main St Laurel Md DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-5-55 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-3-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR George L. Schwab — ADDRESS 2101 Frederick Rd, Balto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10023 **CERTIFICATE OF DEATH** 10032

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (In this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 15; STREET ADDRESS (If rural give location) 6032 Baltimore Ave

3. NAME OF DECEASED: (First) Cecil (Middle) Vernon (Last) Stubble

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 3-26-04

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Summer worker Silk.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Stubble

14. MOTHER'S MAIDEN NAME: Susan Glea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 578-09-6357

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardio-

DUE TO (C) Vascular Disease — 6 Mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1955, to 10/1, 1955, that I last saw the deceased alive on 10-1, 1955 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE Samuel J. Krieger M. D. ADDRESS Mt Rainier Md DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 10/4/55; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REGISTRAR 10/4/55; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR T. Gascho Sons; ADDRESS Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10033

10057

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2201 Apache Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi; STREET ADDRESS (If rural give location) 2201 Apache Street

3. NAME OF DECEASED: (First) Edward (Middle) Louis (Last) Grimstad

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 5, 1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Iver Jacob Grimstad

14. MOTHER'S MAIDEN NAME: Helena Halmaas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Charles Hermann. 2201 Apache St. Adelphi Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr 4 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart Disease — yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 24

22. I hereby certify that I attended the deceased from June, 1954, to 10/24, 1955, that I last saw the deceased alive on 10/21, 1955 and that death occurred at 12:40 A M, from the causes and on the date stated above.

SIGNATURE & Wm Holohan M.D. ADDRESS 510 Underwood St. N.W. DATE SIGNED 10/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 26. 1955

NAME OF CEMETERY OR CREMATORY George Washington Cemetery

LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. N.W. D C

10034

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10024

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25 Cheverly, Md. -
LENGTH OF STAY (in this place) 18 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro, Md.
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) J. (Last) Hagan

4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 11/11/90

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael T. Hagan

14. MOTHER'S MAIDEN NAME: Bridget Monaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) /

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary Hagan Wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYDROPS OF GALLBLADDER.

19a. DATE OF OPERATION: 10-21-55

19b. MAJOR FINDINGS OF OPERATION HYDROPS OF GALLBLADDER.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21 19 55 to 10/22 19 55 that I last saw the deceased alive on 10/22 19 55, and that death occurred at 6:35 A M, from the causes and on the date stated above.

SIGNATURE William B. Hagan M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/25/55

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) (State) Wash. D. C.

DATE REC'D BY LOCAL REGISTRAR 10/22/55

REGISTRAR'S SIGNATURE Amanda Livesay

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 3002 4th N.E. DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10035

10025

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 hour 25 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hentsville
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED: (First) Isaiah (Middle) (Last) Harrod
4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7-27-1900
9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: unemployed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Harrod
14. MOTHER'S MAIDEN NAME: Matilda Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Multiple Aneurysm of Aorta — ? years
DUE TO (C) Aortic valve insufficiency due to probable Luetic Heart Disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . . , 19 . . . , to . . . , 19 , that I last saw the deceased alive on Oct 24, 1955, and that death occurred at 12:53 P.M., from the causes and on the date stated above.

SIGNATURE Samuel F. Sugar, M.D. ADDRESS Mt Rainier, Md DATE SIGNED Oct 24 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 10/28/55 | NAME OF CEMETERY OR CREMATORY Ridgely Cemetery | LOCATION (City, town, or county) (State) Ridgely, P.G. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 10/28/55 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR H.S. Washington & Sons ADDRESS 467 N. Capitol St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10036

9998

CERTIFICATE OF DEATH

Reg. Dist. No. 545

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Mt. Rainier Md
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3809 30th St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier Md. 16
STREET ADDRESS (If rural give location) 3809 30th St,.

3. NAME OF DECEASED: (Type or Print) (First) Faith (Middle) May (Last) Hawk

4. DATE OF DEATH: (Month) October (Day) 8, (Year) 1955.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH. Sept 30, 1910

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Amos W. Hawk

14. MOTHER'S MAIDEN NAME: Addie Mc Cauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO none

17 INFORMANT & ADDRESS: Clare W. Hawk Mt Rainier, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X IMMEDIATE CAUSE (A) Obstructive Jaundice — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Cholelithiasis & Choledocholithiasis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28 1955, to Oct 8 1955 that I last saw the deceased alive on Oct 8, 1955, and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE E P Engel M. D. ADDRESS 1222 Monroe St NE Wash DC DATE SIGNED 10/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 10, 1955 — NAME OF CEMETERY OR ~~CREMATORY~~ George Washington — LOCATION (City, town, or county) (State) Hyattsville, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 9 1955 — REGISTRAR'S SIGNATURE Mrs. Jas. Bevard Deputy

24. FUNERAL DIRECTOR ADDRESS E. Gasch's Sons Hyattsville, Maryland.

10058 10037

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route#301-3 miles North of Marlboro

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) 2700 Idlewood Avenue Apt. 5

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Francis (Last) Hess
4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: August 1928
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Joseph Hess
14. MOTHER'S MAIDEN NAME: Emma Bernhart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 085-22-2534
17. INFORMANT & ADDRESS: Eva Elliott Hess Richmond Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage and shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Crushed chest and abdomen	
DUE TO		
	(c) Fracture of the left leg.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Route#301
21c. (City or town) Upper Marlboro (County) P. G. (State) Maryland
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 18 55 6:50A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Driver of auto in a head-on collision

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Zapf M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 10/18/54
NAME OF CEMETERY OR CREMATORY Barlow & Parkam
LOCATION (City, town, or county) Richmond (State) Va.
DATE REC'D BY LOCAL REG. 10/19/55
REGISTRAR'S SIGNATURE Jean Fahnley
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md.
ADDRESS

10026

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10038

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Diamond Park -
STREET ADDRESS (If rural, give location) 5039 - Nye St

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Hightower

4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-4-54

9. AGE last birthday: yrs — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Will Hightower

14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

344X

Immediate cause (a) Cerebral compression — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hydrocephalus — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 10/11/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 10/12/55 — REGISTRAR'S SIGNATURE Amanda D. Gurney

24. FUNERAL DIRECTOR Henry S. Washington — ADDRESS 467 N st N.W Wash D.C.

VS. A15A - 5 - 53

10059

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10039

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9131 River View Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS 9131 (If rural, give location) River View Road

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) Whitman (Last) Hemmler

4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Sept 25, 1873	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Wisconsin	U.S.A.

13. FATHER'S NAME: George Whitman

14. MOTHER'S MAIDEN NAME: Margaret Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Christian F. Hemmler, Spouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiovascular renal disease	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	10-11-55	Lee Crematory	Wash. D. C.

DATE REC'D BY LOCAL REG'R	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 11-1955	Carrie Campbell	J. W. Lee Sons Co.	Wash. D. C.

VS. A15A - 5 - 53

9994

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10044

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3417- Tulane Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) National Trailer Court

3. NAME OF DECEASED: (Type or Print) (First) Barney (Middle) George (Last) Hogwood

4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/17/1905

9. AGE Last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Apt. Maintenance

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U-S-A.

13. FATHER'S NAME: George Hogwood

14. MOTHER'S MAIDEN NAME: Mamie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Vilma Vanwagenen, College Park. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF Oct 17, AS

NAME OF CEMETERY OR CREMATORY Appomattox

LOCATION (City, town or county) (State) Prince George Va.

DATE REC'D BY LOCAL REG. 10/15/55

REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR J. Gasch & Sons

ADDRESS Hyattsville Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

10050

2411 N. Charles Street, Baltimore

10041

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bowie — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) Lucretia (Middle) Naylor (Last) Israel

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 1955

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed — 8. DATE OF BIRTH: Dec. 22 1864 — 9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own home — 11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Megill Naylor — 14. MOTHER'S MAIDEN NAME: Lucretia Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Roger H. Israel Laurel Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis and Arteriosclerotic heart disease — years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Oct 28, 1955, that I last saw the deceased alive on Oct. 25, 1955, and that death occurred at 9:25 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. James Kurtz M D — R F D Bowie Md — 10/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — Oct. 31, 1955 — Freemount Cem. — Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Oct 30 55 — Mrs. Agnes M. Giegling — De Witt Donaldson — Laurel Md

10027

10042

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Maryland
LENGTH OF STAY (In this place) D O A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lanham Maryland
STREET ADDRESS (If rural, give location) Box 102 Fowler Lane

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Leonard (Last) Jewell

4. DATE OF DEATH (Month) (Day) (Year) Oct 28, 1955. 19

5. SEX: white male

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 27, 1934.

9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Sheet Metal worker

10b. KIND OF BUSINESS OR INDUSTRY: Heating Company

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph L.Jewell

14. MOTHER'S MAIDEN NAME: Elizabeth Blanchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth Jewell Lanham, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 823X (a) Hemorrhage & shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured skull & humerus & multiple lacerations

DUE TO (c) Automobile accident

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or town) Glendale-Rt-Sec- (County) (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) 10-28-55 (Hour) 3:38 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Driver of auto truck in collision with tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov 1, 1955

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington Virginia.

DATE REC'D BY LOCAL REG. 11/1/55

REGISTRAR'S SIGNATURE Amanda L. Deering

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

10028

10043

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 131

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Box 102 - Fowler Lane

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Jewell

4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-23-36

9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph L. Jewell

14. MOTHER'S MAIDEN NAME: Elizabeth Blanchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth Jewell Lanham, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock - DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of skull — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) Glenarden (County) Pr. Geo. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-28-55 3:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Passenger in auto - Struck in collision with tree.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒; Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Edward J. Mahony (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov 1, 1955

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 11/1/55

REGISTRAR'S SIGNATURE Andrew J. Purdy

24. FUNERAL DIRECTOR F. Gaeche Sons Hyattsville Md

ADDRESS

VS. A15A - 5 - 53

10061

10044
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N Brentwood Md.
LENGTH OF STAY (in this place): Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Driveway of 4552 41th Avenue N Brentwood Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mitchellsville, Md.
STREET ADDRESS Box 151 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Howard (Last) Johnson

4. DATE OF DEATH (Month) Oct (Day) 27, (Year) 1955.

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 4/10/15

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U SA

13. FATHER'S NAME: Howard Moses Johnson

14. MOTHER'S MAIDEN NAME: Fannie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Claw Johnson Mitchellsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 490X Pulmonary Edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Acute congestive heart failure	
	(c) DUE TO Lobar pneumonia	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral edema & congestion

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/1/55
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) Wash. D.C (State)

DATE REC'D BY LOCAL REG. 10/28/55
REGISTRAR'S SIGNATURE Mrs. Jas. Dessez (Deputy)
24. FUNERAL DIRECTOR Stewart Funeral Home
ADDRESS Washington, D.C

10062

10045

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marlboro Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 54 Riggs Road N. E.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Frank (Last) Joy

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Married): Married

8. DATE OF BIRTH: Oct 6, 1891

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Hauling

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bernard Joy

14. MOTHER'S MAIDEN NAME: Harriette Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 1616 Rhode Island NW
Dr. Joseph Mundell, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Joyce M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 10/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — **DATE THEREOF** 10-13-55 — **NAME OF CEMETERY OR CREMATORY** — **LOCATION** (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. Oct 13 1955 — REGISTRAR'S SIGNATURE John J Danner — **24. FUNERAL DIRECTOR** John G. Hyde Funeral Home — ADDRESS 732 2nd St. N.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10047

10063 **CERTIFICATE OF DEATH** Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X District Heights; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights X STREET ADDRESS (If rural give location) 7117 - Walker Mill Rd

3. NAME OF DECEASED: (First) WILLIAM (Middle) A. (Last) KASULKE (Type or Print)

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 6-30-1879 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Germany. | 12. CITIZEN OF WHAT COUNTRY? I

13. FATHER'S NAME: Charles Kasulke | 14. MOTHER'S MAIDEN NAME: Lena Meesik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Bertha A. Kasulke 7117 - Walker Mill Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Acute Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

ANTECEDENT CAUSE (S) DUE TO (B) "Chronic" C.V.A. + possible aneurysm — 3 wks.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arterio Sclerosis & Hypertension — 7-8 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) Oct (Day) — (Year) — (Hour) — M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 19 50 to Oct 19, 19 55 that I last saw the deceased alive on Oct 17, 19 55, and that death occurred at 9:40 A.M, from the causes and on the date stated above.

SIGNATURE Sidney N. Lowey M.D. | ADDRESS M.D. 7200 Marlboro Pike S.E. Dist. Hts, Md. | DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-22-55 | NAME OF CEMETERY OR CREMATORY Epiphany Church | LOCATION (City, town, or county) Forestville, Md (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 19, 55 | REGISTRAR'S SIGNATURE Carrie Campbell | 24. FUNERAL DIRECTOR J. Wm Lee Sons Co - Wash., D.C. | ADDRESS

10029

10048

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4403 - 38th Blvd

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Hamen (Last) Kidwell SR.

4. DATE OF DEATH (Month) 12 (Day) 31 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-26-1896

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cabin

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Francis Kidwell

14. MOTHER'S MAIDEN NAME: Susan Linn Stedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 578-07-0659

17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 331X (a) ..... DUE TO Cerebrovascular accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) .... DUE TO Cerebral arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Mahoney (Hyattsville, Md.) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/3/55

NAME OF CEMETERY OR CREMATORY Pt Lincoln

LOCATION (City, town, or county) (State) Prince Geo Co Md

DATE REC'D BY LOCAL REG. 1/2/55

REGISTRAR'S SIGNATURE Amanda L. Barney

24. FUNERAL DIRECTOR W W Chambers Co

ADDRESS 5801 Cleveland Ave Riv. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10064 10049

CERTIFICATE OF DEATH

Reg. Dist. No. 242...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forestville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5437 Pumphrey Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural give location) 5437 Pumphrey Dr.

3. NAME OF DECEASED: (Type or Print) (First) C. (Middle) Clyde A. (Last) Killmon

4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 1955.

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: June 15, 1871

9. AGE last birthday: 84 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk.

10B KIND OF BUSINESS OR INDUSTRY: Treasury Dept. U.S.G.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Killmon

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Ardogast, 5437 Pumphrey Dr. Forestville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Arteriosclerotic Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1955 to Oct. 21 1955 that I last saw the deceased alive on Oct. 21, 1955, and that death occurred at 4:00? M, from the causes and on the date stated above.

SIGNATURE Bernard Katzen ADDRESS M.D. 3500-16th St. N.W. Wash. D.C. DATE SIGNED 10.21.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-25-1955 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 24. 1955 | REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR H. W. Craven Inc. | ADDRESS 610 H St. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10046

10065

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Sunnybrook
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 490 Taylor St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN sunnybrook Md X
STREET ADDRESS (If rural give location) 490 Taylor st

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) V. (Last) Kline

4. DATE OF DEATH: (Month) Oct (Day) 3, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 8, 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Store Clerk
10B. KIND OF BUSINESS OR INDUSTRY: General store
11. BIRTHPLACE (State or foreign country): West Va
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: John French
14. MOTHER'S MAIDEN NAME: ? Gluthner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Howard W. Kline sunnybrook Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Arteriosclerotic Heart Disease & Failure	1 mo +
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	10 yrs
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility		1 yr

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1955, to 10-3, 1955, that I last saw the deceased alive on 9-30, 1955, and that death occurred at 2:35 PM, from the causes and on the date stated above.

SIGNATURE Wesley B. Morgan M.D. ADDRESS Mt. Rainier Md DATE SIGNED 10-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) transportation
DATE THEREOF Oct 3, 1955
NAME OF CEMETERY OR CREMATORY Martinsburg
LOCATION (City, town, or county) West Va (State)

DATE REC'D BY LOCAL REGISTRAR 10/3/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gaseta sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

9995

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10050 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, | LENGTH OF STAY (in this place) Transt
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6013-44th Ave-

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 7-Rhode Island Ave'

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Iona (Last) Lancaster

4. DATE OF DEATH (Month) 10- (Day) 14- (Year) 1955

5. SEX: Female | **6. COLOR OR RACE:** Colored | **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Divorced | **8. DATE OF BIRTH:** Sept 19, 1899 | **9. AGE last birthday:** 56 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic | **10b. KIND OF BUSINESS OR INDUSTRY:** | **11. BIRTHPLACE (State or foreign country):** Maryland - | **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Thomas Lancaster | **14. MOTHER'S MAIDEN NAME:** Mattie Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | **(If Yes, give war or dates of service)** | **16. SOCIAL SECURITY NO.:** | **17. INFORMANT & ADDRESS:** Mattie F. Lewis Niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
442X Immediate cause	(a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY** | **21c. (City or town) (County) (State)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ | DATE SIGNED 10-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF** 10/17/55 | **NAME OF CEMETERY OR CREMATORY** Mt. Olivet Cemetery | **LOCATION (City, town, or county) (State)** Washington D.C.

DATE REC'D BY LOCAL REG. OCT 14 1955 | **REGISTRAR'S SIGNATURE** James Dewey | **24. FUNERAL DIRECTOR** John T. Lurien + Co. | **ADDRESS** 501 3rd St. S.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

10066

10051

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 432

1. PLACE OF DEATH:

COUNTY Pr. Geo's MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro

LENGTH OF STAY (In this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 21014

STREET ADDRESS (If rural, give location) 2136 Clifton Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Walter	Lee	10	22	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 17, 1896	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Employed: Groom	Horse Racing	Stockholm, Sweden	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Lee	Unknown Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Myra Elizabeth Lee 2136 Clifton Avenue, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Cardiovascular Renal Disease	
	(c) DUE TO		

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
—		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyle M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	10/22/55	Joseph Farace Funeral Home	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-24-1955	John F Danner	Joseph Farace Funeral Home	Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10052

10030

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges'; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village; STREET ADDRESS (If rural give location) 7302 Forrest

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) L'Italien

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-24-55

9. AGE last birthday: ___ yrs. IF UNDER 1 YEAR: Months ___ Days 11 IF UNDER 24 HRS.: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R. Joseph

14. MOTHER'S MAIDEN NAME: Claire D. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 IMMEDIATE CAUSE

(A) Congestive Heart Failure

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Aortic Stenosis

DUE TO (C) Congenital Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 9/24, 1955, to 10/4, 1955 that I last saw the deceased alive on 10/4, 1955, and that death occurred at 9P M, from the causes and on the date stated above.

SIGNATURE John Kehoe M. D. ADDRESS Cheverly Md DATE SIGNED 10/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-5-55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 10/5/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR & ADDRESS J. Davis Sons Bladensburg, Md.

Copy Read

Arctic Slope

Regional Corp.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9999

CERTIFICATE OF DEATH

10053

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 16 MT RAINIER
LENGTH OF STAY (in this place) 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3101 VARNUM ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT RAINIER 16
STREET ADDRESS (If rural give location) 3101 VARNUM ST 1

3. NAME OF DECEASED (Type or Print): (First) JANET (Middle) Durham (Last) Longbon

4. DATE OF DEATH: (Month) OCT (Day) 3 (Year) 1935

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH Aug 1ST 1871

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KIRKONNEL SCOTLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. MacAdam

14. MOTHER'S MAIDEN NAME: Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS daughter Fay L. Locke

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332X IMMEDIATE CAUSE	(A) Cerebral Thrombosis	9½ weeks
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO generalized Arteriosclerosis	10 years
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Oct 3, 1955, that I last saw the deceased alive on Oct 3, 1955, and that death occurred at 12 35 P M. from the causes and on the date stated above.

SIGNATURE Thomas Dent Lucas M.D. ADDRESS 3503 Perry St MT RAINIER Md DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 4/55 | NAME OF CEMETERY OR CREMATORY Columbia Center Cem. | LOCATION (City, town, or county) Columbia Station Ohio (State)

DATE REC'D BY LOCAL REGISTRAR Oct 5 1955 | REGISTRAR'S SIGNATURE Laura Davey

24. FUNERAL DIRECTOR Hallen's Funeral Home Inc. ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

10067

10054

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf rural X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mathalia (Middle) (Last) Bowman

4. DATE OF DEATH (Month) Oct (Day) 4 (Year) 1955

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Dec 6 1879 | 9. AGE last birthday 75 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Roby
14. MOTHER'S MAIDEN NAME Emma Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Marven Roby Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH -
44 ½ X
Immediate cause (a) Myocardial Atrophy
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio Cerebral Sclerosis
(c) Senile Dementia

INTERVAL BETWEEN ONSET AND DEATH
(a)
(b) 5 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Inter-trochanteric fracture Right femur Aug-18 - Surgical repair of Fract. Resp. D. P.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 55 to 10/14, 19 55, that I last saw the deceased alive on 10/14, 19 55, and that death occurred at 1:36 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
10/15/55 M.D. M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-20-55
REGISTRAR'S SIGNATURE F. A. Collingsley
24. FUNERAL DIRECTOR
ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10055

MARYLAND 10068

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville; MARYLAND; LENGTH OF STAY (in this place) 1; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville; STREET ADDRESS (If rural, give location) 3623 Powder Mill Road

3. NAME OF DECEASED (Type or Print): (First) IRVIN (Middle) ELMER (Last) MANUEL

4. DATE OF DEATH (Month) (Day) (Year): OCT. 2 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED: MARRIED

8. DATE OF BIRTH: 11/7/1881

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: LUCIEN MANUEL

14. MOTHER'S MAIDEN NAME: MARY SUSAN MANUEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-03-1816

17. INFORMANT AND ADDRESS: MRS GOLDIE V MANUEL BELTSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 16 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Asthma & arteriosclerosis — 15 yrs.

(c) Intestinal C.A. — 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1948

19b. MAJOR FINDINGS OF OPERATION: Intestinal Ca.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1929, to 10, 2, 1955 that I last saw the deceased alive on 10/2, 1955, and that death occurred at /... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. P. Warren MD ADDRESS Laurel Md DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE 10/5/55; NAME OF CEMETERY OR CREMATORY FT LINCOLN; LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REG. October 3-1955; REGISTRAR'S SIGNATURE John H. Smith

24. FUNERAL DIRECTOR: W.W. Chambers Co.; ADDRESS Riverdale Md.

MARGIN RESERVED FOR BINDING

Item 7: film G190 12-29-55 L

10068

10056

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6200 Block Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 618 Potomac Avenue

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Franklin (Last) Massey

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12/11/91

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Leonidas Massey

14. MOTHER'S MAIDEN NAME: Mammie Belk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mamie Mims, S.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 022X Hemorrhage and shock — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Ruptured aortic aneurysm

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE signed by Foyle M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF Oct 25 1955

NAME OF CEMETERY OR CREMATORY CEDAR Hill

LOCATION (City, town, or county) SUITLAND

(State) Md.

DATE REC'D BY LOCAL REG. Oct 24 1955

REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR J Wm LEE & Sons

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10057

10070

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Suitland
LENGTH OF STAY (in this place) 4 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3706 Parkway Terrace Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural give location) 3706 Parkway Terrace Dr.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Bernice Yates (Last) Mc Fadyen

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Oct. 7, 1903 | 9. AGE last birthday 52 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Rockingham Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lynwood P. Yates
14. MOTHER'S MAIDEN NAME: Olivia Fallis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS. A. A. McFadyen Jr. Suitland, Md. 3706 Parkway Terrace Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170X IMMEDIATE CAUSE	(A) DUE TO Generalized Carcinoma	1 yr
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Carcinoma of Breast	4 yr
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.3, 1951, to 10.20, 1955, that I last saw the deceased alive on 10.20, 1955, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Frank S. Petrizzini M. D. ADDRESS 3709 Ala Ave SE Washington DC DATE SIGNED 10-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-23-1955	Woodbine Cemetery	Harrisonburg, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 21-1955	E. F. Collins	S. H. Hines Co.	Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10058

10071

CERTIFICATE OF DEATH

Reg. Dist. No. 2045

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Pr. Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 West Hyattsville
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Hyattsville 15
STREET ADDRESS (If rural, give location) 2703 Kirkwood Place

3. NAME OF DECEASED: (Type or Print) (First) Velma (Middle) K (Last) McGrath

4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 19 55

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 8. DATE OF BIRTH: July 2, 1893 9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Pomeroy, Wash. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Wyatt Kimbrough 14. MOTHER'S MAIDEN NAME: Ella Wiman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. 16. SOCIAL SECURITY NO. — (If Yes, give war or dates of service) 17. INFORMANT & ADDRESS: P. Harold McGrath 2703 Kirkwood W Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Paralysis Agitans — 20 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. ., 19 55 to 10/28, 19 55 that I last saw the deceased alive on 10-14., 19. 55 and that death occurred at 9:40 A M, from the causes and on the date stated above.

SIGNATURE Jas. Beckenbilt — ADDRESS M. D. 1025 Vermont N.W. DC — DATE SIGNED 10-28-55

23. BURIAL, CREMATION, REMOVAL (CREMATION) — DATE THEREOF 10-28-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Walla Walla, Wash.

DATE REC'D BY LOCAL REGISTRAR 10-29-1955 — REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy

24. FUNERAL DIRECTOR Ernest T. Ryan Jr. — ADDRESS 317 E. Main St Walla Walla

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10059

10031

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. — LENGTH OF STAY (in this place) 41 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Belt, Maryland
STREET ADDRESS (If rural give location) 10 B - Southway Road

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) A (Last) McGuire
4. DATE OF DEATH. (Month) Oct. (Day) 23 (Year) 1955
5. SEX: M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: July 9, 1898
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RECEIVING CLERK
10B. KIND OF BUSINESS OR INDUSTRY: GROCERY STORE
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES A. McGUIRE
14. MOTHER'S MAIDEN NAME: Phoebe Colburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 116-07-3743
17. INFORMANT & ADDRESS: JAMES A. McGUIRE Jr. 10-B-Southway Rd. Greenbelt, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) 157X Ca circumatmis

ANTECEDENT CAUSE (B) DUE TO (B) Ca head & the pane.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1955, to 10-23, 1955, that I last saw the deceased alive on 10-23, 1955, and that death occurred at 9 A. M, from the causes and on the date stated above.

SIGNATURE and M.D. Edward Schwartzbard — ADDRESS 2116 Eye St. N.W. Wash. D.C. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10/26/55
NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY
LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REGISTRAR 10/23/55
REGISTRAR'S SIGNATURE Amanda Lowery
24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS CO. - RIVERDALE, MD.

10032

Item 21 [illegible] 1955 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10[illegible]6 Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant X
STREET ADDRESS (If rural, give location) 419 - 70th Place 1

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Marie (Last) Meadows
4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 30, 1903
9. AGE Last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roman Fleshman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Helen D. Meadows, same addr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Compression DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Subdural hemitoma DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY H
21c. (City or town) Seat Pleasant (County) P.G. (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) 10-27-55 (Hour) 6[illegible]30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Fell down cellar stairs an' struck head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/31/55
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 11/4/55
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR W W Chambers
ADDRESS 517-11 St SE Wash DC

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10061

10072

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rogers Heights
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5402 Hamilton Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights X
STREET ADDRESS (If rural give location) 5402 Hamilton Street

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) (NMN) (Last) MEALEY

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 23rd, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman--Retired

10B. KIND OF BUSINESS OR INDUSTRY: B&ORR

11. BIRTHPLACE (State or foreign country): Braxton Co.,W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Mealey

14. MOTHER'S MAIDEN NAME: Elizabeth Harold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Oscar F.Mealey, 4809 Rittenhouse St. Riverdale, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
15.5 X IMMEDIATE CAUSE	(A) HEPATIC COMA	2 WEEKS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO EXTRA BILIARY OBSTRUCTION	2 YEARS
	(C) DUE TO CANCER AMPULLA OF VATER	? YEARS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1954 (APRIL)

19B. MAJOR FINDINGS OF OPERATION: CANCER OF AMPULLA OF VATER

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1954 to 18 Oct., 1955 that I last saw the deceased alive on 12 Oct., 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE Henry R. Wolfe M.D. ADDRESS 905 SHERIDAN St. Hyattsville, Md. DATE SIGNED 10/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct20/1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.

LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 18 1955

REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR W. W. Chambers Company, ADDRESS Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10062

10073

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND Md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rogers Heights Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights md X
STREET ADDRESS (If rural give location) 7028 - 55th ave

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) (Last) Mitchell

4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1955

5. SEX M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov 20 1892

9. AGE last birthday: 43 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Accountant

10B. KIND OF BUSINESS OR INDUSTRY: Gov. Free

11. BIRTHPLACE (State or foreign country): Lancaster Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Ward Mitchell

14. MOTHER'S MAIDEN NAME: Fearl Ann Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) ✓ (If Yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS. Arthur Mitchell Brd 3115 40th St NW Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) DUE TO myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 wks

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Coronary occlusion — 8 wks.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1955, to Oct 23, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 320 PM, from the causes and on the date stated above.

SIGNATURE Louis H. Thuman, M.D. ADDRESS 1635 Mass. ave. N.W. Wash. D.C. DATE SIGNED Oct 23, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF October 26 55 — NAME OF CEMETERY OR CREMATORY Arlington Nath Cemetery — LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR Oct 24 1955 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy

24. FUNERAL DIRECTOR Hoffman & Co — ADDRESS 2901-14 st nw Wash D C

D J Maloney (Coroner) notified [illegible]

Released to Dr Shuman

Gillett R.N.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10063

10033

CERTIFICATE OF DEATH

Reg. Dist. No. 345

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 25 Kuerdale
LENGTH OF STAY (in this place) 43 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7/6 Eng. Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt-md 23
STREET ADDRESS (If rural give location) 1 3 B crescent Road

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) Anna May (Last) Nicholson

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1955

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: 11-30-26 | 9. AGE last birthday 28 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Conner Rider | 14. MOTHER'S MAIDEN NAME: Bessie May Santayana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no If Yes, give war or dates of service | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X
IMMEDIATE CAUSE (A) Carcinoma of left kidney — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs

ANTECEDENT CAUSE (S) DUE TO (B) with Metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION Feb 1953. | 19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma of left kidney | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952 to Oct 14, 1955, that I last saw the deceased alive on Oct 14, 1955, and that death occurred at 4:25 P M, from the causes and on the date stated above.

SIGNATURE L W Mahan M D. ADDRESS Kuerdale, Md. DATE SIGNED 10-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-17-55 | NAME OF CEMETERY OR CREMATORY Cedar Grove Cemt. | LOCATION (City, town, or county) New Market, Va. (State)

DATE REC'D BY LOCAL REGISTRAR Oct 14 1955 | REGISTRAR'S SIGNATURE Mrs. Jas Revere (Deputy) | 24. FUNERAL DIRECTOR F. Gasch & Son | ADDRESS Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10074

10064

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X DISTRICT HEIGHTS
LENGTH OF STAY (in this place) 1 YR
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DISTRICT HEIGHTS X
STREET ADDRESS (If rural give location) 7119 BELL WOOD ST.

3. NAME OF DECEASED: (Type or Print) (First) Terrice (Middle) GERLAND (Last) Oakley

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: AUG 12, 1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET.

10B. KIND OF BUSINESS OR INDUSTRY: BARBER

11. BIRTHPLACE (State or foreign country): TENN.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CURTIS A. OAKLEY

14. MOTHER'S MAIDEN NAME: FRANCES ABERNATHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 408-09-3158

17. INFORMANT & ADDRESS: MRS. W.M. EDWARDS 7119 BELL WOOD ST. DIST. HGTS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X IMMEDIATE CAUSE (A) Ruptured Aneurysm Abd. Aorta — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Heart Disease.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 1955, to Oct. 19, 1955, that I last saw the deceased alive on Oct. 19, 1955, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE Bernard Katzen, M.D. ADDRESS 3550 Minn. Ave. N.E. DATE SIGNED 10-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL — DATE THEREOF 10/20/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) NASHVILLE, TENN

DATE REC'D BY LOCAL REGISTRAR Oct. 19-55 — REGISTRAR'S SIGNATURE Carrie Campbell — 24. FUNERAL DIRECTOR F.W. Wm. Leis Sons Co. — ADDRESS 300 [illegible] D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10065

10075

CERTIFICATE OF DEATH

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Cheltenham
COUNTY Prince Geo's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cheltenham (Cheltenham) X — LENGTH OF STAY (in this place) 30 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS or Rt 4 Box

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheltenham (Cheltenham) X
STREET ADDRESS (If rural give location) Rt. #301

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) T. (Last) [illegible]

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 19 55

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH: Dec 9, 1876 — 9. AGE Last birthday: 46 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Hswf. XXXXXXXX — 10b. KIND OF BUSINESS OR INDUSTRY: (Own Home) — 11. BIRTHPLACE (State or foreign country): [illegible] — 12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible] T [illegible] — 14. MOTHER'S MAIDEN NAME: [illegible] XXXXXXXX VanAustinbridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Brandywine, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) [illegible]
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) [illegible]
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22, 19 55, to 10-14, 19 55, that I last saw the deceased alive on 10-13, 19 55, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. — (Degree or title) — ADDRESS [illegible] — DATE SIGNED 10-14-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/17/55 — NAME OF CEMETERY OR CREMATORY Cheltenham Cemetery — LOCATION (City, town, or county) Cheltenham, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 20-1955 — REGISTRAR'S SIGNATURE J H Billingsley — 24. FUNERAL DIRECTOR Ritchie Bros. — ADDRESS Upper Marlboro, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10066

10034

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. LENGTH OF STAY (in this place) 1½ hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Md.
STREET ADDRESS (If rural give location) 3215 Perry Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) E. (Last) Omdorff

4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 1/31/90 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman | 10B. KIND OF BUSINESS OR INDUSTRY: Washington Terminal | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Omdorff | 14. MOTHER'S MAIDEN NAME: Mary A. Rudolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 579-01-2876 | 17. INFORMANT & ADDRESS: Mrs Bauserman Lanham Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1955 to Oct. 2, 1955, that I last saw the deceased alive on 10/2 ..., 1955, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

SIGNATURE Charles C. Hageage M. D. ADDRESS Mt. Rainier, Md. DATE SIGNED Oct. 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 5/1955 | NAME OF CEMETERY OR CREMATORY Sugar Hill | LOCATION (City, town, or county) Jeff (State) Va

DATE REC'D BY LOCAL REGISTRAR 10/2/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS J. Gasche Sons Hyattsville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10035

11158

231

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) Pinkney

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 30 Sept 55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3½ Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Pinkney

14. MOTHER'S MAIDEN NAME: Edna Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

IMMEDIATE CAUSE (A) Atelectasis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1 1955, to 10/1 1955, that I last saw the deceased alive on 10/1 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE John W. Perkins M.D.

ADDRESS 5301 Hamilton St. Hyatts. Md

DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 11/17/55

NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp

LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 11/17/55

REGISTRAR'S SIGNATURE Amanda L Downey

24. FUNERAL DIRECTOR Harry B Penn Jr

ADDRESS Hyatt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10036

CERTIFICATE OF DEATH

Reg. Dist. No. 10067 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DuPont Heights
STREET ADDRESS (If rural give location) 4420 Campbell Dr

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Fiskey

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-12-82

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1717

IMMEDIATE CAUSE (A) Cancer of the Breast — INTERVAL BETWEEN ONSET AND DEATH: about 1y

ANTECEDENT CAUSE (B) DUE TO with wide spread metastasis — 1/2y

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11/19 55, to 10/19/19 55, that I last saw the deceased alive on 10/19/19 55, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Samuel D. Sugar M.D. ADDRESS Mt Rainier Md DATE SIGNED Oct 20 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-24-55 — NAME OF CEMETERY OR CREMATORY Croome Md — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 10/20/55 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR William Spangler — ADDRESS 524-8-5 NE

10000

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10068

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: 3331 Buchanan St. Mt Rainer
COUNTY Prince Georges Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainer
LENGTH OF STAY (in this place) 2 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: 3331 Buchanan St
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainer
STREET ADDRESS (If rural give location) 3331 Buchanan St

3. NAME OF DECEASED: (Type or Print) (First) CARMELA (Middle) (Last) PIRRONE

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: Nov 2, 1879

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sicily, Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Sebastian La Manna

14. MOTHER'S MAIDEN NAME: Michela Longo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Margaret R. Parnelle 3331 Buchanan St Mt Rainer Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

26hX

IMMEDIATE CAUSE (A) Bronchopneumonia, Dehydration, Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Vascular Disease — years

DUE TO (C) Decubitis ulcers, Hypertension — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Decubitis ulcers, toxic

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25/55, 19..., to 10/27/55, 19..., that I last saw the deceased alive on 10/25/55, 19..., and that death occurred at 5:50 P M, from the causes and on the date stated above.

SIGNATURE Lee R Parkinson M.D. ADDRESS 1746 K St NW DC DATE SIGNED 10/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-31-55 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Oct. 27 1955 — REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy

24. FUNERAL DIRECTOR Francis J Collins — ADDRESS 3821-14th St. N.W. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

John Maloney, sud - coroner Prince George's County notified
& held ye fundamis. He verbally ord making out the certificate

Item 14, Film G188 11-10-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10037

10069

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly.
LENGTH OF STAY (in this place) 13 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 27 D.C
STREET ADDRESS (If rural give location) 6185 Allentown Rd.

3. NAME OF DECEASED. (Type or Print) (First) DON (Middle) (Last) Proctor

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1955

5. SEX: male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 11 JAN 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 9 Days; IF UNDER 24 HRS. Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James G.

14. MOTHER'S MAIDEN NAME: Mildred Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 day

ANTECEDENT CAUSE (B) DUE TO Sickle cell crisis due to sickle cell anemia — 9 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Asthma otitis media — 1 mo

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 19 55, to Oct. 31, 19 55, that I last saw the deceased alive on Oct. 30, 19 55, and that death occurred at 1:45 A M, from the causes and on the date stated above.

SIGNATURE William F. Schmitt Jr. M.D. ADDRESS 7220 Forest Rd Hyatts Md DATE SIGNED Oct. 31 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/2/55 — NAME OF CEMETERY OR CREMATORY St. Ignatius Church — LOCATION (City, town, or county) (State) Oren Hill, Md.

DATE REC'D BY LOCAL REGISTRAR 10/31/55 — REGISTRAR'S SIGNATURE Amanda Dauncy

24. FUNERAL DIRECTOR John T. Rhines Hyattsville — ADDRESS 601 Gallatin St Hyattsville Md

VS. A15—10-53

201530X397

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10038

CERTIFICATE OF DEATH

10070

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10/12/55

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 8470 Piney Branch Court

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E. (Last) Reamy

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 30, 1908

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comptroller

10B. KIND OF BUSINESS OR INDUSTRY: R.F.C. U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest T. Reamy

14. MOTHER'S MAIDEN NAME: Bernadine B. Corbey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Jos. C. Reamy, 10,306 Greenfield St. Kensington, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE (B) DUE TO: Coronary sclerosis — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Oct, 1955 that I last saw the deceased alive on Oct 9, 1955, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE: Benjamin L. Miller M.D. — ADDRESS: Mt Rainier — DATE SIGNED: Oct 10 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 12, 1955 — NAME OF CEMETERY OR CREMATORY: George Wash. Mem. Cemetery — LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 10, 1955 — REGISTRAR'S SIGNATURE: Amanda Prushey

24. FUNERAL DIRECTOR: Warner & Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

1755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10076

CERTIFICATE OF DEATH

10071

Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - TB
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.R. Brandywine

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - TB
STREET ADDRESS (If rural give location) R.R. - Brandywine, Md

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Robey

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 22, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel H. Robey

14. MOTHER'S MAIDEN NAME: Mary C. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. W. H. Robey - wife - R.R. Brandywine

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Weakness — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension (chronic) — years
DUE TO (c) Chronic Coronary Disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic left Hemiplegia

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/54, to 10/5/55, that I last saw the deceased alive on 9/20/55, and that death occurred at 2:40 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Voheh M Deron MD ADDRESS Agnes, Md - DATE SIGNED 10/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/7/55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 10-10-55

REGISTRAR'S SIGNATURE E.H. Billingsley

24. FUNERAL DIRECTOR Lee Hewitt

ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■g■ is especially important. Physicians: please write the ■uses of death clearly ■nd legibly.

MARGIN RESERVED FOR BINDING

10077

10072 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston; LENGTH OF STAY (in this place) 20yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4914 - Taylor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edmonston; STREET ADDRESS (If rural, give location) 4914 Taylor Road

3. NAME OF DECEASED: (First) Walter (Middle) Jacob (Last) Roth

4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-28-02

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Chief Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dept of Justice

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Roth

14. MOTHER'S MAIDEN NAME: Emma Kaiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mary Eugenia Roth - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 976 X Hemorrhage + shock — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Gunshot wound of head

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Edmonston (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) 10 (Day) 8 (Year) 55 (Hour) A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted 22 cal. rifle wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct 11, 1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Oct 10 1955

REGISTRAR'S SIGNATURE James Devereux

24. FUNERAL DIRECTOR F. Gaede Sons Hyattsville Md

ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10073

10039

CERTIFICATE OF DEATH

Reg. Dist. No. 2-31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 26 Chevrolet
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6008 Forrest Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevrolet
STREET ADDRESS (If rural, give location) 6008 Forrest Rd.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Ryan (Last)

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 10 April
9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gardner
14. MOTHER'S MAIDEN NAME: Janet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Jane Tomasello Same as #2 Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSE (B):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Arteriosclerotic heart disease — 5 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Radical Mastectomy Left 1935. Recurrence Confident - No

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 8 Oct., 1955; that I last saw the deceased alive on 11 Oct 1955, and that death occurred at 2:15 P.M. from the causes and on the date stated above.
SIGNATURE John Kelso M. D. ADDRESS Chevrolet Md DATE SIGNED 11 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-14-55
NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
LOCATION (City, town, or county) (State): Colmar Manor - Md.

DATE REC'D BY LOCAL REGISTRAR: 10-12-55
REGISTRAR'S SIGNATURE: Wilhelmina A. O'Day
24. FUNERAL DIRECTOR: M. Joseph Sons - Hyattsville
ADDRESS: Md

10078 10074

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X Allentown
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7063 Allentown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Allentown X
STREET ADDRESS (If rural, give location) 7063 Allentown Road

3. NAME OF DECEASED: (Type or Print) (First) Sara (Middle) Elizabeth (Last) Smith

4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) Married

8. DATE OF BIRTH: July 5-1879

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Hurstine

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Virginia Mobra 9104 - 48th Place College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac tamponade — Interval between onset and death: .....

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Rupture of heart

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyle M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-14-55

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 10-11-55

REGISTRAR'S SIGNATURE Miranda L. Burris Carrie Campbell

24. FUNERAL DIRECTOR E. Hawkins Sons

ADDRESS Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10075

10040

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ■■■■ of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 38; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital 47

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ---------- COUNTY ----------; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47X; STREET ADDRESS (If rural give location) 14 Channing Street, N. E.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) C. (Last) Snyder

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: October 1, 1898

9. AGE last birthday: 57 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Snyder

14. MOTHER'S MAIDEN NAME: Adelaide Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-05-7677

17. INFORMANT & ADDRESS: Robt. F. Snyder, 515 Longwood Dr., Rockville, (Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
1a. IMMEDIATE CAUSE	(A) DUE TO	Bronchopneumonia	3 Days
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Hemorrhage from	
	(C)	Duodenal Ulcer.	7 Days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19A. DATE OF OPERATION: Oct 26, 1955 | 19B. MAJOR FINDINGS OF OPERATION: Bleeding duodenal ulcer

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1955, to 10/31, 1955 that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 10:30 M. from the causes and on the date stated above.

SIGNATURE Samuel J. Sugar M.D. ADDRESS Mt Rainier, Md DATE SIGNED Nov 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 11/4/55 | NAME OF CEMETERY OR CREMATORY: Congressional Cemetery | LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 11-2-55 | REGISTRAR'S SIGNATURE: Emma L. Murray

24. FUNERAL DIRECTOR: Warner A. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

10079

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10076

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County ... Prince George

City or town ... Huntsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ... 23 yrs

Hospital, Institution, or street address where death occurred.

6709 69th ave.

How long in hospital or institution? ...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ... Maryland County ... Prince George

City or town ... Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. ... 6909 - 69 Ave

(If rural, give LOCATION)

2.(a) If veteran, name war. ...

3. (a) FULL NAME ... Frank Spriggs

3. (b) Social Security Number ...

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife ... Cornelia Spriggs

6.(c) If alive, give age ... 64 years

7. Birth date of deceased (mo., day, yr.) ... Jan. 13, 1881

8. AGE: Years 74 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace ... Upper Marlboro Md (Town, county, and state)

10. Usual occupation ... Fireman

11. Industry or business ... Govt D.C.

MOTHER FATHER

12. Name ... Frank Spriggs

13. Birthplace ... Upper Marlboro Md

14. Maiden name ... Emmy Day

15. Birthplace ... Upper Marlboro Md

16. Informant ... Mattie Carroll - Vaughn

Address ... 116 - 6th St. NW

17. ... Removal ... Date thereof ... 10-29-1955 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory ...

Location ... Washington D.C.

18. Funeral director ... Henry S Washington & Son

Address ... 467 N st. N.W. D.C.

19. Oct. 29 ... 1955 ... Carrie Campbell

(Date rec'd by registrar) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ... Oct. 29 ... 1955 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 13 1955 to Oct. 29 1955 and that I last saw him alive on Oct. 29 1955

	DURATION
Immediate cause of death: Hypertensive Cardio Vascular Lesion	5
Due to: Hypertensive	5
Due to: 443X	
Other conditions: Arterio-Sclerosis	5

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE H. I. Belt M. D. or other

Address 1423 - Hunt Pl. NW Date signed Oct. 29 1955

10080

10077
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pasant

LENGTH OF STAY (in this place) 45 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 70th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George's

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seat Pleasant

STREET ADDRESS (If rural, give location) 421 70th Street

3. NAME OF DECEASED: (Type or Print) (First) Lester (Middle) Eugene (Last) Wallach Taylor

4. DATE OF DEATH (Month) Oct (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Dec 12 1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Retired	North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Edward Taylor	Victoria Ann Schuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No NONE	578-01-5308	Bernard E. Taylor, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute congestive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Cardiovascular renal disease	
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Booth M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/23/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/26/55	Addison Chapel	Seat Pleasant Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 25-55	Carrie Campbell	W.W. Chambers Co	517-11th St SE Wash D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10078

9990 **CERTIFICATE OF DEATH** Reg. Dist. No. 230

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X College Park
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4505 Beechwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park, Maryland. X
STREET ADDRESS (If rural give location) 4505 Beechwood Road.

3. NAME OF DECEASED: (Type or Print) (First) Lester (Middle) Byron (Last) Teed

4. DATE OF DEATH: (Month) Oct (Day) 3, (Year) 1955.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan 25, 1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10B. KIND OF BUSINESS OR INDUSTRY: Gov't Printing Office

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Herbert Teed

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 579-18-4540

17. INFORMANT & ADDRESS: Mrs Violet E. Teed College Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) DUE TO Acute Myocardial Infarction	Immediate
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary Artery disease-Infarct	12 mos
	(C) Hypertension, Essential	3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14/55, 19 , to 10/3/55, 19 , that I last saw the deceased alive on 9/19/55, 19 ....., and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley M. D. ADDRESS Hyattsville DATE SIGNED 10/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct 6, 1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 5 1955

REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10079

10081

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (rural)

LENGTH OF STAY (in this place): 1 mo., and 11 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47x-2

STREET ADDRESS (If rural, give location): 1312 Rhode Island Ave., N. W. V

3. NAME OF DECEASED: (Type or Print) (First) THELMA (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 19 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Separated, not legally	4/14/32	23 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Unknown	Andrews, S. C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ellis F. Thompson	Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No -	578-46-0480	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

-33X

Immediate cause (a) Acute Toxic Hepatitis Due To Para-Aminosal-icylic Acid — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

0022 (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 8 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 19 55, to 10/3, 19 55, that I last saw the deceased alive on 10/2, 19 55, and that death occurred at 3-20 Am., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Lee Pinnacore	M.D.	Glenn Dale Hospital Glenn Dale, Md.	10/2/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/3/55		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/3/55	Ure Weir	Malvaux & Pickey Inc	Washington DC, New Jersey Ave and R St N.W.

10001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10080 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1111 Kingwood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 1111 Kingwood Drive

3. NAME OF DECEASED: (First) Joseph (Middle) Samuel (Last) Smith
4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-2-1910
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Bur. Of Eng.
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Scales Smith
14. MOTHER'S MAIDEN NAME: Erma Stotzley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 579-21-2399
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 443X DUE TO Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Hypertensive cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains deserибed above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Mahoney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10-7-55

23. BURIAL, CREMATION, REMOVAL. (Specify): Burial
DATE THEREOF 10/11/55
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem
LOCATION (City, town, or county) Pr. George Co. (State) Md.

DATE REC'D BY LOCAL REG. Oct. 10 1955
REGISTRAR'S SIGNATURE Mrs. Jas Devere Deputy
24. FUNERAL DIRECTOR Neal Funeral Home
ADDRESS 4412 Georgia Ave Washington D.C.

VS. A15A - 5 - 53

10081

STATE DEPARTMETT OF HEALTH

MARYLAND 10041

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 14yr. 2mo. 12da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
STREET ADDRESS (If rural, give location): 301 Mansfield Rd.

3. NAME OF DECEASED (Type or Print): (First) MYRA (Middle) M. (Last) TUBMAN

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-26-1882

9. AGE last birthday: 73 yrs.

If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Adams

14. MOTHER'S MAIDEN NAME: Elmira —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Marion Irvis 301 Mansfield Rd Silver Springs Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral + General Arteriosclerosis — Many Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4, 1954, to 10-16 1955, that I last saw the deceased alive on 10-16-, 1955, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): James P. Sands, M. D. — ADDRESS: Laurel Sanitarium Laurel, Md. — DATE SIGNED: 10-16-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 18-55 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, Town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: Oct 16-1955 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: S. A. Dukes Co — ADDRESS: 2901 - 14 - N.W. DC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10082

10042

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 1930 Fox St

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) (Last) Vondran

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1955

5. SEX: F 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH. 6-12-87 9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): N.Y. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBERT STAIB

14. MOTHER'S MAIDEN NAME ERNESTINE WAGNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: 1915 - Fox St. GEORGE I. VONDRAN, HYATTSVILLE, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) 442X Cardio Pulmonary Failure	10-1-55
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertensive cardiovascular	
	DUE TO	
	(C) renal - renal	1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1943 to Oct 1, 1955 that I last saw the deceased alive on Oct 1, 1955 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 210-28th DATE SIGNED 10/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF 10-3-55 NAME OF CEMETERY OR CREMATORY Park Cemetery LOCATION (City, town, or county) Bridgeport (State) Conn.

DATE REC'D BY LOCAL REGISTRAR Oct 2/12/55 REGISTRAR'S SIGNATURE Amanda L Towne

24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 5801 Rhode Island Ave Riverdale Md.

10082

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10083

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (in this place) 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Ellen (Last) Warner

4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Unknown) Widowed

8. DATE OF BIRTH: Oct 10, 1881

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U-S-A

13. FATHER'S NAME: Nathaniel Ford

14. MOTHER'S MAIDEN NAME: Mary Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Julia Chapman, Croome Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiovascular renal disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel H Taylor M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-13-55

NAME OF CEMETERY OR CREMATORY St Mary's Cemetery

LOCATION (City, town, or county) (State) Prince Geo Md.

DATE REC'D BY LOCAL REG. Oct. 10-55

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Perkins Funeral Home

ADDRESS 42 Hunt St. N E.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10084

10043

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural give location) 5503-43rd Place

3. NAME OF DECEASED: (Type or Print) (First) Elston (Middle) (Last) Waterman

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7/3/80

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Freman Waterman

14. MOTHER'S MAIDEN NAME: Burke (Amelia)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 043-039746

17. INFORMANT & ADDRESS: State's Dr's Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

583X IMMEDIATE CAUSE (A) Hepatic failure

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1955, to 10/19, 1955; that I last saw the deceased alive on 10/19, 1955, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

SIGNATURE John P. Clum M.D. ADDRESS Hyattsville DATE SIGNED 10-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation

DATE THEREOF Oct 20/55

NAME OF CEMETERY OR CREMATORY Rose Hill Mem. Pk.

LOCATION (City, town, or county) (State) Rockville, Conn.

DATE REC'D BY LOCAL REGISTRAR 10/20/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR

ADDRESS Frank Doyle, Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10085

Item 7, Film G187 10-14-55 et

10044

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro.
STREET ADDRESS (If rural give location) Rt 2 - Box 216

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) (Last) White

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1955

5. SEX: male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 2-7-1901

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Hypertensive vascular Disease — 1 month

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1955, to Oct 3, 1955, that I last saw the deceased alive on Oct 3, 1955, and that death occurred at 3:35 PM, from the causes and on the date stated above.

SIGNATURE Samuel J. Kugar M. D. ADDRESS Mt Rainier Md DATE SIGNED Oct 4 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 10-7-55 — NAME OF CEMETERY OR CREMATORY Fairview Memorial — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 10/4/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR H. L. Workington Sons — ADDRESS 4:7 & St. N.W. Washington D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10086

10045 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 hours 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Mineral Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) Metzerott Road 14 1

3. NAME OF DECEASED: (First) Thomas (Middle) R (Last) Wilson
4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-27-91	63 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Painter	West Virginia	U.S.A.

13. FATHER'S NAME: Charles H Wilson
14. MOTHER'S MAIDEN NAME: Laura Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
✓	WW I		Statistical Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial infarction
DUE TO
ANTECEDENT CAUSE (B) Occlusion of the Ant & Lat Interventricular
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) left Coronary arteries
(C) Coronary arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1955, to 10-22, 1955, that I last saw the deceased alive on 10-22, 1955, and that death occurred at 9:55 P. M., from the causes and on the date stated above.

SIGNATURE Niles B. Edson M. D. ADDRESS DATE SIGNED 10-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	Oct 24, 1955	Bridgeport	West Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/23/55	Amanda Dewey	F. Gasch's Sons	Hyattsville, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9996

10087 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3900 Hamilton St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural, give location) 3900 Hamilton St.

3. NAME OF DECEASED: (Type or Print) (First) Charlene (Middle) Edith (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) 10 - 24 - 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 28 Sept 1905

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): house-wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Rhode Island

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick R. Lamb.

14. MOTHER'S MAIDEN NAME: Edith Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Husband - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

42.2.1

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiac hypertrophy - Chr. endocarditis

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Mahoney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF 10/26/55

NAME OF CEMETERY OR CREMATORY River Bend

LOCATION (City, town, or county) (State) Westerly Rhode Island

DATE REC'D BY LOCAL REG. 10/26/55

REGISTRAR'S SIGNATURE Mrs. Jas. Revere Deputy

24. FUNERAL DIRECTOR F. Brack Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

10046

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10088 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5703 Jamestown Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Stanley (Last) Zalonis
4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-25-13
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanley Zalonis
14. MOTHER'S MAIDEN NAME: Mary Rushanauskas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY NO.: 166-16-4405
17. INFORMANT & ADDRESS: Wife - Same address -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-19-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. 10/17/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Bosch & Sons
ADDRESS Hyattsville, Md.

VS. A15A - 5 - 53